


# **EXHIBIT “B”**

 <b>Abington Memorial Hospital</b>		<b>Department Manual:</b> EMERGENCY TRAUMA CENTER	<b>Policy Number:</b> ETC 3-101
<b>Title:</b> Triage Classification System - Five Level Emergency Severity Index	<b>Category:</b> Patient Care	<b>Original Date:</b> 5/09	
<b>Policy Owner:</b> ETC Director	<b>Keywords:</b>	<b>Last Review Date:</b>	
<b>Referenced With:</b> [Type Here]	<b>Review Cycle:</b> Annual	<b>Last Revision Date:</b>	

**PURPOSE:** To categorize patients by evaluating acuity and resources required to prioritize care in a timely manner.

**POLICY:** All patients entering the Emergency Trauma Center will be initially screened and classified using the standardized approach of the Emergency Severity Index (ESI) algorithm.

**PROCEDURE:**

- A. Upon arrival to triage front desk, the patient will be evaluated by the triage professional or escorted to designated patient care area for bedside triage. The patient arriving via EMS will be evaluated and triaged at the bedside.
- B. The ESI algorithm uses four decision points (A,B,C, and D) to sort patients rapidly from one ESI decision point to the next. Questions for triage are answered as follows:
  - a. Decision point A – Is the patient dying?
  - b. Decision point B – Should the patient wait?
  - c. Decision point C – What are the resources required?
  - d. Decision point D – Are there danger zone vital signs?
- C. Upon patient arrival, key components and decision points for Level I and Level II acuity must be answered as follows:
  - a. Decision point A - ESI Level I
    - i. The patient requires immediate life-saving interventions (airway, medication or other hemodynamic intervention).
    - ii. The patient meets any of the following criteria: already intubated, apneic, pulseless, severe respiratory distress, SpO2 < 90 percent, acute mental status changes or unresponsive.
  - b. Decision point B - ESI Level II
    - i. The patient is high priority and requires treatment to be initiated within 10 minutes.
    - ii. The patient presentation is a high risk situation, unless treated promptly, can deteriorate rapidly.
    - iii. Patient age, past medical history, and current medications influence the perceived severity of the chief complaint.
- D. Decision point C – once it is determined that a patient does not meet Level I or Level II key components, predicted resource allocation will be used for determining the less acute patient assignment to level 3, 4, and 5.

- E. The following list are resources that may be used for patient evaluation and provides definition and guidance for determining the less acute patient assignment:
- Laboratory studies
  - EKG
  - X-rays
  - CT
  - Magnetic Resonance Imaging
  - Ultrasound
  - IV fluids (hydration)
  - IV or IM or nebulized medications
  - Specialty consultation
  - Simple procedure = 1 (laceration repair, foley catheter, etc.)
  - Complex procedure = 2 (conscious sedation)
- F. Level 3, 4 and 5 classifications will include use of the following resources:
- Level III
    - Two or more resources
  - Level IV
    - One resource
  - Level V
    - No resources
- G. Decision point D – the following patient vital signs (temperature in pediatric patients < 3 years, pulse, respiratory rate, pulse oximetry (with potential respiratory compromise) will be assessed when they do not meet the ESI level-1 or II.
- H. Danger Zone Vital Signs will be used to determine when to move a patient from ESI level 3 to an ESI level 2 as follows:

Age	Heart Rate	Respiratory Rate	Pulse Oximetry
< 3 month	>160	>50	<92%
3 month - 3 years	>160	>40	<92%
3 years - 8 years	>140	>30	<92%
> 8 years	>100	>20	<92%

- I. Pediatric patients < 3 years old will be considered an uptriage to ESI 2 if any vital sign criterion is exceeded as follows:
- 1 to 28 days of age: assign at least ESI 2 if temperature > 100.4
  - 1-3 months of age: consider assigning ESI 2 if temperature is > 100.4
  - 3 months to 3 years of age: consider assigning ESI 3 if temperature > 102.2 or incomplete immunizations, or no obvious source of fever.

References:

ESI research team. (2002). Emergency severity index, version 4: Implementation handbook. Retrieved May 21, 2009 from <http://www.ahrq.gov/research/esi/esil.htm>.